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ABSTRACT

In fall 1990, a study was conducted to assess the attitudes of nursing students who were attending Riverside Community College (RCC), in California, toward exposure to Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus (AIDS/HIV) positive patients in a hospital setting. All students enrolled in RCC's associate degree nursing program were surveyed using an adaptation of Wiley's HIV-Impact questionnaire, which employed a Likert scale. In addition, narrative comments were elicited. Study findings, based on responses from all 195 students surveyed, included the following: (1) 56.9% indicated that interaction with HIV-positive individuals would be a positive educational experience; (2) 62.6% feared potentially exposing their families to the disease; (3) 69.2% feared that they would be exposed to HIV infections as students in a clinical setting; (4) 73.8% felt that they were provided with adequate infection control procedures and information for self-protection by the nursing program; (5) 80% felt that nurses should be allowed to refuse assignment to AIDS/HIV-positive patients; (6) 90% indicated that their families supported their decision to go into nursing; (7) 64.6% felt that students should be provided with the option of refusing to work with AIDS/HIV-positive patients, while 74.4% indicated that they would not routinely refuse such assignments; and (8) 93.7% responded that the AIDS threat was not a factor in their selecting nursing as a career. The study report includes a literature review, recommendations for future action, the survey instrument, data tables, and narrative responses. (MAB)

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ASSESSING RIVERSIDE COMMUNITY COLLEGE NURSING STUDENT ATTITUDES TOWARD EXPOSURE TO AIDS/HIV-POSITIVE PATIENTS

ED349047

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A Practicum Report presented to Nova University in partial fulfillment of the requirements for the degree of Doctor of Education

Nova University

March, 1991

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in Partial Fulfillment of the Requirements for the
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ASSESSING RIVERSIDE COMMUNITY COLLEGE NURSING STUDENT ATTITUDES TOWARD EXPOSURE TO AIDS/HIV-POSITIVE PATIENTS

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Carolyn Sue Kross

March, 1991

The rapidly escalating AIDS epidemic is alarming nursing students, nurse educators and administrators, and causing them to recognize that nursing programs must prepare to deal with the significant related sociocultural and ethical issues that will continue to impact nursing education in the future. Determining if nursing students are fearful and reluctant to work with AIDS/HIV-seropositive patients in the clinical setting appears to be a positive and proactive move of paramount importance for nurse educators. The issue of student assignment to AIDS/HIV-seropositive patients, and their potential refusal of such assignments is becoming a major consideration for educators, encompassing official decision-making in social, political and ethical realms.

The purpose of this fall, 1990, study was to assess Riverside Community College, Riverside, California associate degree nursing student attitudes toward exposure to AIDS/HIV-seropositive patients in the hospital setting. This descriptive research study utilized a survey instrument that was a modification of a previously validated HIV-Impact Questionnaire. Respondents to the survey were the 195 nursing students that comprised the entire population of enrollees in the associate degree nursing program in the fall, 1990.

Survey results indicated that the majority of students felt that nursing students should have the right to refuse an assignment to an AIDS/HIV-positive patient. Also, this same majority of students indicated that they personally would not refuse such an assignment, but rather would find this to be a beneficial learning experience.

Survey results and literature review were incorporated with nursing faculty observations and recommendations, and forwarded to the Nursing Curriculum Committee for formal evaluation and action. Recommendations included increasing the number of didactic hours devoted to the topic of AIDS. Additionally, it was recommended that the survey be administered periodically in the future, to monitor evolving attitudinal changes in the student population.

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Chapter 1

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) in our society is rapidly becoming an ominous life-threatening epidemic. This newly emergent HIV-seropositive illness is forcing nurse educators to examine inherent social and ethical issues related to nursing student exposure to this terminal illness in the hospital setting. Therefore, community college associate degree nurse educators would benefit from assessing student attitudes regarding willingness to accept clinical assignments to AIDS/HIV-positive patients.

Matocha (1989:36) stated that "The Human Immunodeficiency Virus (HIV) epidemic raises the question of whether students should be required to provide nursing care for clients whose diagnosis or treatments may jeopardize student's health." Fear of transmission, refusal to care for, or actively avoiding caring for persons with AIDS is well documented in the literature (Ungvarski, 1988:30). Kadzielski (1989: 33) noted that "There are currently two epidemics sweeping this country: AIDS and AIDS anxiety. The latter is the much larger epidemic by far, both in terms of the number of persons it affects as well as in the multifaceted implications it raises." Creighton (1986:16) found that "At seminars and workshops around the country, nurses ask questions about whether or not they may refuse to carry out an assignment to give care to a patient if they have moral, medical and ethical objections to so doing."

Lester and Beard (1988:403) stated that it is a controversial issue in nursing education as to whether or not students should be assigned, from the faculty's point of view. They noted that there is an escalating likelihood that students in nursing programs today will encounter a patient diagnosed with AIDS at some time during the clinical education process (Lester and Beard, 1988:399). Chitty (1989:151) stated that today's nursing students will undoubtedly be required to care for tomorrow's AIDS patients, and therefore, must be educated for the task."

Wiley, Heath and Acklin (1988:244) reported on a nursing student survey in Chicago at Loyola University, in which more than half of the students felt that health workers should be allowed to refuse to treat seropositive patients. Matocha (1989:36) noted that during the spring of 1988, a student at the College of Nursing at the University of Delaware, Newark, Delaware, challenged a faculty member's clinical assignment to an AIDS patient, resulting in institutional policy development.

Statement of Purpose

The purpose of this study was to assess Riverside Community College associate degree nursing student attitudes toward exposure to AIDS/HIV-positive patients. Presently, nursing students may routinely be assigned to AIDS/HIV-positive patients at instructor discretion, yet no measures had been taken to assess attitudes and/or willingness to work with such patients.

Determination of student opinions related to AIDS/HIV-positive exposure provided information for nursing faculty regarding feelings of the entire population of nursing students in the four semester program. Data derived from this study was used by nursing faculty, the Dean of Allied Health and the Dean of Occupational Education, in anticipation of future trends or problems in making clinical assignments to AIDS/HIV-positive patients. Survey findings were used as an integral component of curriculum review and revision, which resulted in a stronger and appropriately leveled didactic course content throughout the program.

Significance of the Study to Riverside Community College

Nurse educators and administrators at Riverside Community College benefited by being able to assess and review existent AIDS/HIV-positive curriculum, which is integrated and leveled throughout the four semesters, in relationship to student attitudes. Additional benefits were derived from learning whether or not a potential problem existed in the student population regarding student willingness to be assigned to patients in the clinical setting with potentially life-

threatening illnesses. Derivation of this information was seen as essential, in light of the fact that escalating numbers of AIDS/HIV-positive individuals in our society will exacerbate potential fear of exposure.

Relationship of the Study to the Seminar

The Societal Factors Affecting Education Seminar at Nova University focused on issues that continue to change in our society. It is noted that the dynamic nature of the world in which we live requires recognition of the constantly changing educational enterprise. It appears that the topic of AIDS and its potential contagion allowed exploration of societal factors in the educational context. In prior years, there were no incurable illnesses that posed a death threat to learners in the clinical setting. Nurse educators in the 1990s now have been challenged to anticipate and respond to future educational, nursing and health care needs in our nation. The AIDS epidemic provides educators with numerous challenges to be addressed in our society.

Since the focus of this practicum was on descriptive research methodologies regarding nursing student willingness to be assigned to individuals with AIDS, no hypotheses were stated and no statistical analyses were required.

Chapter 2

REVIEW OF THE LITERATURE

Acquired Immune Deficiency Syndrome (AIDS) in the United States is rapidly becoming an ominous life-threatening epidemic. Ungvarski (1988:30) states that fear of transmission, refusal to care for, or actively avoiding caring for persons with AIDS is well documented in the literature. AIDS is forcing nurse educators to examine inherent ethical, cultural and legal ramifications related to nursing student exposure to this terminal illness in the hospital setting. Kadzielski (1989:33) states that "there are currently two epidemics sweeping this country: AIDS and AIDS anxiety. The latter is the much larger epidemic by far, both in terms of the number of persons it affects as well as in the multifaceted implications it raises." Creighton (1986:16) finds that "at seminars and workshops around the country, nurses ask questions about whether or not they may refuse to carry out an assignment to give care to a patient if they have moral, medical and ethical objections to so doing."

There is an escalating likelihood that students in nursing programs today will encounter a patient diagnosed with AIDS at some time during the clinical education process (Lester and Beard, 1988: 399). Matocha (1989:36) states that "the Human Immunodeficiency Virus (HIV) epidemic raises the question of whether students should be required to provide nursing care for clients whose diagnosis or treatments may jeopardize student's health. Policies and procedures are necessary to provide a framework of functioning for faculty and students when students question their patient assignments."

The AIDS epidemic is impacting the nursing profession in an unprecedented manner. Henry (1989:7) states that "without exception, the HIV virus affects every facet of an infected individual's life, and it directly impacts on all health care delivery systems. As primary caregivers, nurses are on the cutting edge of this epidemic." Acquired ImmunoDeficiency Syndrome (AIDS) has had a profound impact on our society. The response to those infected with the HIV virus, as

well as the prevention of further transmission both challenge, and will be reflective of, our sense of community and the values of our society (American Nurse's Association, 1988:1). The ANA further states that "the AIDS epidemic is not the first for which nurses have been challenged to provide care. Nurses historically have provided their distinctive skills and leadership to respond to the challenges of their times." The future course of the HIV epidemic is uncertain because a vaccine or curative therapy does not appear to be forthcoming in the near future. The inherent lethality of this contagious illness poses many threats to nursing students in the clinical setting and raises questions regarding student rights to refuse such clinical assignments.

A recent newspaper article (Press-Enterprise, 1991) provides the following statistics regarding AIDS:

> The death toll from AIDS in the U.S. has topped 100,000, with nearly a third dying last year, and is escalating. Centers for Disease Control researchers project that in the next three years as many as 215,000 more Americans will die of AIDS. Federal health officials estimate that at least one million Americans are already infected with HIV, the virus that causes AIDS. Of these, an estimated 165,000 to 215,000 will die during 1991-1993.

These data are significant in light of the fact that nursing students must learn to care for this vast number of terminally ill clients, particularly as the epidemic escalates in the future.

Mason (1989:15) describes demographic data related to the AIDS epidemic. He notes that all communities in all states are being affected, but not to the same degree. States such as New York, Florida, California and Texas have the highest number of cases, or 58% of the total. The researcher notes that men are affected more than women, with a ratio of ten to one. Several behaviors are noted to be responsible for the transmission of HIV: homosexual/bisexual behavior; intravenous drug use; hemophilia; heterosexual behavior; blood transfusions; and other undetermined causes. It is noted also that blacks constitute 12% of the U.S. population but 27% of the AIDS population, while similarly, Hispanics constitute 6% of the U.S. population, but 15% of the AIDS population. Caucasians are cited as

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constituting 57% of the AIDS population. Nearly three-fourths of AIDS victims are between twenty-five and forty-four years of age. Gay or bisexual men and intravenous drug abusers of both sexes are at highest risk, accounting for more than 86% of AIDS deaths.

Literature review indicates largely that individuals afflicted with the HIV virus are stigmatized in our society, to include nurses, as well as other health care workers (Young and Garvin: 1990; Ungvarski: 1988; Klisch: 1990; Kadzielski: 1989; Hurley and McGriff: 1989; Haughey: 1990; Creighton: 1986; Cassells and Redman: 1990; Brown et al.: 1990; Annas: 1988; All: 1990; Flaskerud et al.: 1989). Gebbie (1989:21) notes that the AIDS epidemic is "disproportionately affecting those who are not fully enfranchised in American society: persons of color, persons with limited resources, persons who appear somehow to deviate from the norm of our understanding of what is what in society." Mason (1989:17) states that AIDS is an illness that discriminates against those that do not participate fully in American society, noting that "the people who are getting AIDS are the same ones who show high rates of drop out of school, early sex, unwanted pregnancy, drug abuse, joblessness, violence and family disintegration." Mason continues by stating that a report issued in the spring of 1987, by the Working Seminar on Family and Welfare Policy, demonstrated that the lives of the behaviorally dependent are characterized by such factors as: "geographic concentration, inadequate and abused housing, low participation in the labor force, low rates of full-time employment, acute violation of the rights of the poor to integrity of life, limb and property through daily vulnerability to criminal assault." Melroe (1990:59) notes the following:

> The homosexual community, which is a major sector of the HIV-infected population, is a group that historically has been ostracized and rebuked by society. With the stigma of AIDS, homosexuals have experienced added discrimination. Disclosure of HIV infection has often led to frightening consequences, whether the HIV-infected person was homosexual or not. People have experienced loss of employment, expulsion from schools, eviction, denial of medical treatment and segregation from society.

Literature review indicates a pervasive fearfulness and anxiety among nurses and nursing students to work with AIDS patients. This notion is contrary to ethical values in the profession, and is illogical in light of statistics regarding transmission of the disease. Rosenthal (1990) states that the risk of catching the disease is estimated at one in 250, noting that the Centers for Disease Control's count of workers infected on the job currently stands at thirty-seven. Hopp and Rogers (1989:235) make the following observations:

> The AIDS epidemic presents what may be one of the greatest challenges to nursing in modern times. The role of nurses in the AIDS epidemic is central. Nurses nurture, comfort, and support persons with HIV infection along the entire continuum of illness, and often provide the last human touch for a person with AIDS at the time of death. . . . Yet the focus of much that has been written about nurses in the era of AIDS is about nurse's fear, anxiety, and personal safety concerns. In many ways, this focus is inconsistent with how nurses behaved in other eras when personal risk for diseases such as tuberculosis, influenza, rubella or viral hepatitis was considered just "part of the job".

Flaskerud (1989:149) cites the following about this issue: "reports of homophobia among nurses and such findings have led investigators to believe that the acquisition of knowledge or facts alone about AIDS might not be successful in changing attitudes and practices. Many of these investigators have noted that teaching the facts about AIDS may change the level of knowledge of participants in continuing education programs, but the facts cannot override attitudes and fears, and that it is these that constitute a major barrier to the provision of optimal care." Lester and Beard (1988:400) concur by stating:

> Anxiety, fear, homophobia, social stigmatization and other negative attitudes associated with AIDS have been widely reported by the media. Anecdotals have depicted suboptimal care for persons with AIDS and told of employees who have quit their jobs rather than care for an AIDS patient. Researchers have attempted to identify these concerns and attitudes among health-care workers as well as to assess knowledge levels of persons who may be responsible for the care of persons with AIDS.

Wiley, Heath and Acklin (1988:244) report on a nursing student survey at Loyola University in Chicago, in which more than half of the students in the survey felt that health workers should be allowed to

refuse to treat seropositive patients. Matocha (1989:36) notes that during the spring of 1988, a student at the College of Nursing at the University of Delaware, Newark, Delaware, challenged a faculty member's clinical assignment to an AIDS patient. This episode resulted in policy development at that institution. Further literature review indicates that this trend is not uncommon, and nurse educators must address the issue of nursing student reluctance to be assigned to AIDS patients (Lester and Beard: 1988; Hodges and Poteet: 1987; Durham: 1988; Chitty: 1989a, 1989b; Carwein and Bowles: 1988; Bowles and Carwein: 1988; Matocha: 1989; Sargent: 1989; Wiley et al.: 1988; Brown et al.: 1990; Cassells and Redman: 1990; Haughey: 1990; Hurley and McGriff: 1989; and Klisch: 1990).

Miramontes (1989:42) notes that "there is still a significant level of anxiety and concern among nurses about caring for HIV-infected people. Knowledge about risk factors, viral transmission, appropriate infection control precautions, care provision, cultural and lifestyle issues, ethical issues, and death, dying, and grieving issues is still inadequate." Sargent (1989:8) observes that "organized course content on AIDS may assist nurse educators to break through perceptual and attitudinal barriers to AIDS education in the undergraduate nursing curriculum. The goal of such a curriculum is to help students develop the attitudes and technical competence consistent with humane care for AIDS patients." Lester and Beard (1988:400) feel that"nurses may be more afraid than physicians or the general public because they realize that in their day-to-day work, there is a high probability that they will encounter a person with AIDS." Additionally, the authors feel that anticipating caring for AIDS patients may raise conflicting moral and ethical issues with which students have not yet come to terms. Hopp and Rogers (1989:194) feel that AIDS is a major ethical challenge to the health professions because of the increasing severity of the epidemic, and because of the understandable reluctance of health professionals to provide competent, compassionate care. The authors feel that the "widespread (and perhaps increasing) reluctance to provide competent, compassionate care for persons with AIDS in an ethical challenge for the health

professions, noting that such persons are sometimes unnecessarily isolated, sometimes receive substandard care, and sometimes are refused treatment altogether."

Federal mandates exist that are designed to prevent discrimination of individuals with AIDS. These include compliance with Sections 503 and 504 of the Rehabilitation Act of 1973, prohibiting discrimination against individuals that are handicapped for all hospitals receiving federal funds, including Medicare and Medicaid, noting that the same prohibition applies to private practitioners receiving federal reimbursement (Hopp and Rogers, 1989:199). A Department of Justice ruling, in 1988, applied this to persons with AIDS (PWAs) and persons with HIV infection, stating protection is guaranteed by the federal law barring discrimination against the handicapped in government jobs and federally funded programs (Hopp and Rogers, 1989: 199). Agreement is noted by Kadzielski (1989:36), stating:

> HIV infection, including AIDS, is a physical handicap under the laws of most states and under federal law. All patients and employees with HIV infection are entitled to the legal protections afforded other handicapped individuals. Under applicable principles of handicap discrimination law, a health-care institution may not discriminate against an HIV-positive patient or else it runs the risk of losing all government reimbursement and tax-exempt status for doing so.

Annas (1988:846) finds that "most states have enacted laws, modeled after the federal civil rights legislation, that prohibit public accommodations from discriminating against individuals on the basis of handicap." Annas feels that these laws will provide the broadest protection for individuals if they are construed to include HIV-infected individuals. At the state level, boards of nursing are empowered to mandate and implement AIDS policy. Hurley and McGriff (1989:2) summarize this issue:

> In reality it is not a code of ethics or personal choice that directs the practice of nurses and other licensed health care professionals. Only state licensing boards have the right to regulate practice. These regulations can lead to license suspension or revocation. To date, state boards of nursing have not addressed the issue of nurses refusing to care for AIDS patients.

The American Nurse's Association (1988:3) takes the following similar stance on the issue:

> Persons with AIDS may be considered by law to have handicapping conditions. The legal rights of these individuals must be guaranteed, and existing support services for handicapped individuals must be made available to students or employees disabled by HIV infection.

A special task force, the American Nurse's Association's Committee on Ethics concludes that "in most instances, it would be considered morally obligatory for a nurse to give care to an AIDS patient. In the special case of a nurse who is immunosuppressed, "the individual nurse must . . . choose whether or not to go beyond the requirement of duty." The ANA also cites the Nursing Code of Ethics in expressing the following adamant view:

> The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problems (ANA, 1985).

Ungvarski (1988:31) states that "the Code for Nurses does not allow nurses to refuse assignments; it allows them to object to interventions but not to determine which patients shall receive their nursing care."

The National League for Nursing (1988) offers general guidelines for addressing AIDS within the academic environment as well:

> The National League for Nursing believes that in the present crisis, nurses as primary providers of care, and schools of nursing as institutions charged with preparing students for professional practice, have a clear and urgent obligation. Foremost, nurses must set an example of compassionate, humane care and equal treatment of all persons afflicted with AIDS. Nurses must be in the forefront of those providing accurate, current information on the modes of transmission of the AIDS virus, the protective measures that every individual must take to prevent further spread of the virus, and the techniques and treatments currently available to assist those infected with HIV. Schools of nursing, as well as all educational institutions, should undertake a comprehensive program to educate, and thus protect to the best of their ability, all of the population segments within their community.

Additionally, the National League for Nursing (1988) issues the following directive to nurse educators:

> The League believes schools of nursing have a unique obligation

> to their students at this juncture---to impart not only technical skills and knowledge, but to emphasize the psychosocial skills and understanding so critically necessary for the care of AIDS patients, and to provide the counseling and support so critically necessary for the caregivers.

Similarly, the National League for Nursing (1988) states that professionals, including faculty, have a fundamental responsibility to provide care to all patients assigned to them, and that refusal to care for AIDS patients is contrary to the ethics of the nursing profession. The following statement is made:

> Just as nursing professionals have a moral commitment to patients, faculty of the school of nursing have a special responsibility to exemplify the standards of ethical behavior and compassion expected of students preparing for a career in nursing.

It is noted that caring for persons with AIDS is both an art and a science that requires an adequate knowledge base and the ability of nurses to deal with their own emotional fears about the disease (Sargent, 1989:8). In an April, 1988 convention of the National Student Nurse's Association, it was resolved "that NSNA support the right of students to care for AIDS patients; and . . . encourage students to accept assignments of patients who are HIV positive or have AIDS while they (students) are . . . under clinical supervision (American Journal of Nursing, 1988:892).

Schools of nursing throughout the United States must begin to deal with the many issues surrounding AIDS that are confronting the practice and profession of nursing:

> Because fear and emotion so often accompany discussions and even scientific/factual presentations about AIDS, it is vitally important that policies/guidelines be developed by faculty in order to make appropriate decisions regarding student situations (Carwein, 1988:16).

Durham (1988:233) admonishes that "although the need is urgent for nursing schools to develop an AIDS policy, policy makers should be circumspect in their deliberations because the issues under consideration are complex and controversial."

Chitty (1989a) notes that today's nursing students will undoubtedly be required to care for tomorrow's AIDS patients and therefore,

must be educated appropriately for the task. Bowles and Carwein (1988:349) summarize that "it became apparent that issues regarding AIDS were of concern to many schools of nursing, but little had been done to investigate the impact of these issues, or to determine what particular concerns or aspects of them seemed to be most important for the nursing schools." Furthermore, Chitty (1989a) concurs by stating:

> The results reveal that very few schools of nursing have addressed the issues that are facing nursing education regarding AIDS. Specifically, student assignments to AIDS clients, student refusal to care for AIDS clients and nursing students who are either HIV antibody positive or have been diagnosed as having AIDS. These are issues of critical importance with which the nursing profession must deal.

Similarly, Hodges and Poteet (1987:566) note that the U.S. Centers for Disease Control published a report regarding three health-care workers that became infected with HIV, which raised questions for nursing faculty members and administrators. Specific concerns identified include: (1). How can schools of nursing ensure faculty member's and student's safety against HIV infection? (2). What are the best ways to deal with educator's and student's fears and negative attitudes towards AIDS patients? (3). What policies and procedures should be in place to safeguard faculty members and students and to reduce the risk of legal problems if seroconversion occurs in an educator or students who have been exposed to HIV-infected body fluids or blood? (4). Will the government eventually require HIV testing for students and educators, and if it does, will individuals who test positive for the virus be allowed to care for patients? (5). How should AIDS be fitted into curricula? and (6). What impact will AIDS have on school's abilities to recruit and retain students and faculties?

Creighton (1986:15) cites the following concerning the question of whether nursing students should be assigned as primary caregivers for AIDS patients:

> . . . (1). There is some merit in negotiating students out of this assignment since they are not experts in infectious diseases; (2). Students have a right to refuse such assignments to AIDS patients and are responsible for finding alternative

clinical experiences that will meet the same objectives; (3). To protect themselves, faculty members should take reasonable steps to make students aware of basic precautions; keep anecdotal notes on the student's readiness for the experience and supervise students closely when they are in contact with body fluids.

It was found that in a study of nurse's attitudes toward AIDS, nurses show much more negative attitudes toward a patient with AIDS compared to an otherwise identical patient with leukemia (Hurley and McGriff (1989:49). The authors state that "the average student chooses to have no contact with AIDS patients." Additional observations include " . . . .sometimes students refuse to care for AIDS patients because of pressure from parents, families and significant others. Some parents have requested that their children not be assigned to care for AIDS patients." Matocha (1989:36) concurs on this issue by stating " . . . there are sociological stigmas attached to persons who have been identified as being infected with the virus and those professionals providing their health care."

A review of cogent literature indicates that the AIDS epidemic will continue to present multiple challenges for nurse educators, with a significant exacerbation of issues and problems in the near future, as the AIDS epidemic escalates exponentially. With continued increase in numbers of AIDS/HIV-seropositive patients, there is a very strong likelihood that nurse educators indeed will be faced with the issue of student refusal to accept a clinical assignment to an individual with AIDS. How this matter is to be addressed is an issue of policy development for each institution of higher education.

In summation, problematic areas that surface frequently in review of this area include: (1). Stigmatization and stereotyping of HIV-positive individuals; (2). Stigmatization and fearfulness of nurses that care for AIDS/HIV-positive clients; (3). Proliferation of the illness and its lethality; (4). The impact of the AIDS epidemic on the national nursing shortage; (5). Nursing student rights and responsibilities in regard to refusal of such clinical assignments; (6). Guidelines for nurse educators regarding student refusal of clinical assignments; (7). Professional ethics and legalities in relation to the issues; and (8). The need for design of instructional methodologies that ensure positive attitude development and acquisition by nursing students.

Chapter 3

METHODOLOGY AND PROCEDURES

This descriptive research study utilized a survey instrument that provided nurse educators and administrators at Riverside Community College with helpful data regarding the attitudinal milieu of nursing students in the wake of an escalating AIDS epidemic. The Survey Instrument (Appendix A) elicited data regarding nursing student attitudes toward willingness to be exposed to patients in the clinical setting that have been diagnosed as AIDS/HIV-seropositive.

Survey Instrument

The Survey Instrument was drafted after a review of related literature. The tool was a ten-item Likert scale that was modeled after Wiley's fifteen-item HIV-Impact Questionnaire for nurse-clinicians employed in the hospital setting (Wiley et al., 1990:27). Items selected for inclusion in the Survey Instrument were revised as appropriate to elicit similar data from nursing students, rather than from experienced nurse-clinicians. The HIV-Impact Questionnaire was initially drafted by educators and researchers at Loyola University, Chicago. An expert in the development of questionnaires was cited as assisting with the construction of the instrument, and nurses that were determined to be content experts in AIDS evaluated content validity of the tool. A pilot study (n=70) was conducted and minor revisions were made based on findings and recommendations. The HIV-Impact Questionnaire was further implemented by Wiley et al. in 1988 with 323 nurses employed in the hospital setting in Chicago, with a resultant further revision being made in August, 1990 (Wiley et al.: 1990).

The Survey Instrument used in this study was modeled after Wiley's August, 1990 Revised HIV-Impact Questionnaire, and consisted of statements to which the population of approximately two hundred nursing students were asked to respond: (a). Strongly agree; (b).

Agree; (c). Disagree; and (d). Strongly Disagree. Students were asked to mark questionnaires appropriately for each item, as well as the corresponding spaces on computerized examination answer sheets, to aid in compilation of statistical data.

Narrative statements and comments were elicited on the Survey Instrument to ensure comprehensive opportunities for student response. This anonymous tool was administered during regularly scheduled lecture time to the entire population of students in attendance in each of the four semesters of the Associate Degree Nursing Program by lead teachers at each level, during a specified week in the fall semester, 1990.

Treatment of the Data

Since there was no need to accept or reject a hypothesis in this descriptive research study, elaborate statistical analyses were not required. The computerized survey response sheets were scored in the Office of Computing Services at Riverside Community College. Data were compiled for each semester level. Percentages of agreement and disagreement were tabulated for each semester level, and for the entire population of respondents. For purposes of tabular reporting, Strongly Agree and Agree responses were combined and reported as Agree; and Strongly Disagree and Disagree responses were combined and reported as Disagree. Items were determined to be significant if fifty-one percent or more of respondents indicated agreement or disagreement with a statement.

Data elicited by survey in this study were reported to and utilized by nurse educators and administrators in analysis of future trends and potential attitudinal problems related to assignment of nursing students to AIDS/HIV-positive patients. Results from the Survey Instrument (Appendix A) were presented to the nursing faculty at a regularly scheduled faculty meeting during the fall, 1990 semester. The significant findings and recommendations resulting from data generated about student attitudinal trends were referred by vote of more than fifty percent of the faculty to the Nursing Curriculum Committee for review, discussion and action on further implications

and recommendations. Results of these activities, including tabulated survey responses, discussion items and comments were reported by each semester level and by composite, and may be found in appendices of this report.

Definition of Terms

HIV-positive or HIV-seropositive: Refers to an individual that has been infected with the Human Immunodeficiency retrovirus, but has not yet progressed to the onset of AIDS. The individual can spread the disease to others. Although HIV can exist in a latent form for long periods, it eventually causes profound, fatal immunosuppression. The median incubation period before the onset of AIDS is at least seven years (Centers for Disease Control, 1987). Most individuals will develop HIV antibodies and be referred to as HIV-seropositive within three months of infection with the virus.

AIDS or Acquired Immunodeficiency Syndrome: Refers to a fatal disease caused by the HIV virus that can destroy the body's ability to fight off illness and damage the brain. AIDS by itself does not kill, yet it allows other infections and diseases to invade the body, and it is these infections and diseases that result in death (Centers for Disease Control, 1987). Such illnesses are not seen in individuals with normal immune systems.

Assumptions

Several assumptions were made for this study. Primarily, it was assumed that all respondents enrolled in the nursing program were adequately familiar with and sufficiently knowledgeable about the AIDS/HIV-positive illness to be able to respond to the items in a thoughtful and intelligent manner. Additionally, it was assumed that the nursing students responded in a truthful manner regarding personal feelings and opinions related to a very sensitive, emotional and highly controversial issue. It was further assumed that there was no intra-group biasing of individuals prior to administration of the survey, via discussion of issues during interim periods of survey administration. Lastly, it was assumed that each of the four groups

of respondents was provided with ample time with which to reflect on and to respond to survey queries.

Limitations

This study proved to be a beneficial tool in the elicitation of student attitudes regarding personal exposure to AIDS/HIV-seropositive patients in the clinical setting at contracting health care agencies utilized by the Associate Degree Nursing Program at Riverside Community College, Riverside, California. However applicability of data generated, and generalizability to other settings and institutions may be inadvisable, as circumstances may vary in other regions of the nation.

Chapter 4

PRESENTATION OF RESULTS

For the purposes identified in this descriptive research study, the Survey Instrument seen in Appendix A was utilized to obtain valuable data from nursing students regarding their perceptions about exposure to the AIDS/HIV virus in the hospital setting. Tabulation of survey responses, including tables summarizing raw data may be seen in Appendix B, with data presented by composite and by semester level. Percentages of agreement and disagreement with the ten survey items were noted, and may be found in Appendix C, with data being tabulated by composite and by semester level for each item. Appendix D depicts the objective statements and narrative comments offered by students, and is organized by semester level. Additional observations about survey results are discussed in the following summary of findings:

Nine of the ten survey items (90%) were found to be statistically significant, indicating that fifty-one percent or more of total respondents either agreed or disagreed with the statements. One survey item (10%) was almost equally split (50.5% - 49.5%), thereby failing to achieve the fifty-one percent margin required to be designated as statistically significant for the purposes of this study.

Students agreed with six of the survey items (60%), disagreed with three (30%), and were divided on one item (10%), as discussed previously.

The initial item of the Survey Instrument focused on whether or not nursing students would perceive it to be a satisfying and rewarding experience to provide direct nursing care to an AIDS or HIV-positive patient. Tabulation of responses to this item produced the following results:

1. Composite results indicated that of 195 respondents, 111 or 56.9% of students replied in agreement with this statement, while 84 students, or 43% disagreed, indicating that interaction with HIV-positive individuals would be perceived as a positive experience by

a majority of respondents.

2. Each of the four semester levels indicated majority agreement with this statement, noting that percentages of agreement ranged from 51% to 62%. Findings were: Nursing 1: 57.4%; Nursing 2: 51%; Nursing 3: 56.8%; and Nursing 4: 62%.

3. Table One depicts composite percentages of agreement and disagreement for item one:

Table 1

Composite Results - Item One
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	27	57.4	20	42.5	47
2	24	51.0	23	49.0	47
3	29	56.8	22	43.2	51
4	31	62.0	19	38.0	50
Totals	111	56.9	84	43.0	195

The second item of the survey tool addressed student fears and concerns about exposing family members to HIV infections. Results for this item are depicted as follows:

1. The majority of all respondents in the student population agreed with this statement (122, or 62.6%), while only 37.4% or 73 students disagreed with this concept, indicating that the majority of students are fearful about potential exposure of loved ones to the HIV virus.

2. All semester groups indicated that this concept was statistically significant, with composite percentages above 51%: Nursing 1: 55.3%; Nursing 2: 57.4%; Nursing 3: 70.6%; and Nursing 4: 66%.

3. Table Two depicts composite percentages of agreement and disagreement for item two:

Table 2

Composite Results - Item Two
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	26	55.3	21	44.7	47
2	27	57.4	20	42.6	47
3	36	70.6	15	29.4	51
4	33	66.0	17	34.0	50
Totals	122	62.6	73	37.4	195

Item three of the survey tool addressed personal fears of students regarding exposure to HIV infections as a student in the clinical setting. Findings for this item are depicted as follows:

1. A majority of respondents (135 or 69.2%) indicated agreement, or recognition of personal worry about such bodily exposure. A minority of students (60 or 30.8%) expressed little or no concern regarding this issue, indicating disagreement with the statement.

2. All semester groups indicated that the majority of students enrolled in the nursing program do worry about personal exposure to HIV infections in the hospital setting: Nursing 1: 61.7%; Nursing 2: 68%; Nursing 3: 76.5%; and Nursing 4: 70%.

3. Table three depicts composite percentages of agreement and disagreement for item three:

Table 3

Composite Results - Item Three
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	29	61.7	18	38.2	47

Table 2 (Cont.)

2	32	68.0	15	32.0	47
3	39	76.5	12	23.5	51
4	35	70.0	15	30.0	50
Totals	135	69.2	60	30.8	195

The fourth survey item measured whether or not students felt that they are provided with adequate infection control procedures and information for self-protection by the nursing program. Results for this item are assessed as follows:

1. A large majority of respondents (144 or 73.8%) replied in the affirmative for this item, indicating agreement, while 51 students or 26.2% are feeling ill-at-ease in regard to this issue, and disagreed with the statement.

2. Each semester level indicated that the majority of students feel secure about education related to infection control procedures, and thereby agreed with the statement. Nursing 1: 66%; Nursing 2: 74.5%; Nursing 3: 68.6%; and Nursing 4: 86%.

3. Table four depicts composite percentages of agreement and disagreement for the fourth item on the survey:

Table 4

Composite Results - Item Four
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	31	66.0	16	34.0	47
2	35	74.5	12	25.5	47
3	35	68.6	16	31.4	51
4	43	86.0	7	14.0	50
Totals	144	73.8	51	26.2	195

Item five in the Survey Instrument measured whether or not students felt that under certain circumstances, nurses should be allowed to refuse assignment to AIDS/HIV-positive patients. The following data indicate summation of this item:

1. A large majority of students (156 or 80%) agreed with this statement, indicating that nurses should be allowed to refuse HIV-positive assignments, while twenty percent or 39 students disagreed.

2. A majority of all semester groups replied affirmatively to this statement: Nursing 1: 91.5%; Nursing 2: 57.4%; Nursing 3: 86.3%; and Nursing 4: 84%.

3. Table five depicts composite percentages of agreement and disagreement for item five:

Table 5

Composite Results - Item Five
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	43	91.5	4	8.5	47
2	27	57.4	20	42.6	47
3	44	86.3	7	13.7	51
4	42	84.0	8	16.0	50
Totals	156	80.0	39	20.0	195

The sixth survey item focused on the issue of family members wanting the nursing student to find an alternate career. Results for this item are depicted as follows:

1. Disagreement was noted by a majority of respondents for this item, with ninety percent of students, or 176, responding negatively, indicating strong family support of nursing as a career choice. Ten students, or nineteen percent, indicated that family members would prefer that the nursing student consider an alternate career choice.

2. A very high percentage of students in each semester level indicated disagreement with this statement: Nursing 1: 91.5%; Nursing 2: 89.4%; Nursing 3: 90.2%; and Nursing 4: 90%.

3. Table six depicts composite percentages of agreement and disagreement for the sixth survey item:

Table 6

Composite Results - Item Six
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	4	8.5	43	91.5	47
2	5	10.6	42	89.4	47
3	5	9.8	46	90.2	51
4	5	10.0	45	90.0	50
Totals	19	10.0	176	90.0	195

Item seven in the Survey Instrument addressed the issue of allowing students the option of refusing clinical assignments to AIDS/HIV-positive patients. The following data were elicited in relation to this concept:

1. A majority of respondents (126 or 64.6%) agreed with this statement, indicating that students should be provided with the option of refusing to work with AIDS/HIV-positive patients, while the remaining sixty-nine students, or 35.4% disagreed.

2. Only three semester groups replied affirmatively, indicating agreement for this item: Nursing 1: 74.5%; Nursing 3: 64.7%; and Nursing 4: 72%. Students enrolled in Nursing 2 indicated disagreement with student options, noting that only twenty-two, or 47% agreed and twenty-five, or 53% disagreed with this concept.

3. A composite view of student responses for item seven is depicted as follows in Table 7:

Table 7

Composite Results - Item Seven
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	35	74.5	12	25.5	47
2	22	47.0	25	53.0	47
3	33	64.7	18	35.3	51
4	36	72.0	14	28.0	50
Totals	126	64.6	69	35.4	195

The eighth survey item measured student willingness to routinely refuse assignment to HIV-positive patients. Tabulated results for this item provided the following information:

1. Almost three-fourths of students (145 or 74.4%, n = 194) as a composite, indicated disagreement to this concept, signifying a willingness to work with AIDS/HIV-positive patients, while 25.2%, or forty-nine students would routinely opt to refuse this assignment, given the option.

2. A large percentage of students in each semester level was noted to respond negatively, indicating disagreement with this item: Nursing 1: 72.3%; Nursing 2: 72.3%; Nursing 3: 72.5%; and Nursing 4: 82%.

Table eight indicates a composite tabulated view of student responses to this item:

Table 8

Composite Results - Item Eight
Nursing 1 - 4 (n=195)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	13	28.0	34	72.0	47
2	13	28.0	34	72.0	47
3	14	27.5	37	72.5	51
4	9	18.0	41	82.0	50
Totals	49	25.2	146	74.4	195

Item nine in the Survey Instrument measured whether or not the AIDS threat was a factor in the selection of nursing as a career choice. The following information was elicited and tabulated here:

1. A large percentage of students (93.7% or 180) indicated disagreement with this statement, while twelve students, or 6.3%, indicated that AIDS/HIV was a consideration in the selection of nursing as a career choice for a small percentage of respondents.

2. All semester levels disagreed with this statement: Nursing 1: 89.4%; Nursing 2: 89.4%; Nursing 3: 96.1%; and Nursing 4: 98%, signifying that the AIDS/HIV issue was not instrumental in selection of career options.

3. The ninth survey item is depicted in Table 9, which is tabulated as follows:

Table 9

Composite Results - Item Nine
Nursing 1 - 4 (n=193)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	5	10.6	42	89.4	47

Table 9 (Cont.)

2	5	10.6	42	89.4	47
3	2	3.9	49	96.1	51
4	1	2.0	49	98.0	50
Totals	13	6.3	180	93.7	193

The last survey item, item ten, measured whether or not students perceived concerns related to HIV illness that needed to be addressed. The following results were noted here:

1. This item was determined to be statistically insignificant, since neither percentages of agreement nor disagreement reached or exceeded fifty-one percent.

2. N=192 for this item, as contrasted with 195.

3. Composite statistics for all groups indicated that ninety-seven students, or 50.5% agreed with this statement. However, an additional ninety-five students, or 49.5% disagreed with the concept.

4. Semester level results included the finding that for Nursing 1, twenty-six students, or 55.3% agreed with the statement, while twenty-one students, or 44.7% disagreed. Nursing 2 results indicated that twenty-seven students (57.4%) disagreed with the statement, while 42.6%, or twenty students agreed. Nursing 3 results showed that 58.8% or thirty students agreed while twenty-one, or 41.2% disagreed. Nursing 4 results indicated that 55.3%, or twenty-six students disagreed, while 44.7%, or twenty-one students indicated agreement with the statement.

5. Table 10 depicts the last survey item as follows:

Table 10

Composite Results - Item Ten
Nursing 1 - 4 (n=192)

SEMESTER	AGREE	%	DISAGREE	%	n=
1	26	55.3	21	44.7	47

Table 10 (Cont.)

2	20	42.6	27	57.4	47
3	30	58.8	21	41.2	51
4	21	44.7	26	55.3	47
Totals	97	50.5	95	49.5	192

The preceding presentation of data generated via this descriptive research project focused on tabulation of nursing student responses to issues that were addressed in the Survey Instrument found in Appendix A. Further tabulation related to this data may be seen in Appendices B and C as well.

Narrative Responses

Narrative comments were elicited and provided by nursing students in each semester level of the Associate Degree Nursing Program, and may be seen in Appendix D. The following observations were made regarding the narrative comments that were offered by nursing students:

1. The numbers of respondents to this portion of the survey is as follows: Nursing 1: twelve; Nursing 2; four; Nursing 3; twenty-eight; and Nursing 4: eighteen.

2. A total of sixty-two out of the 195 potential narrative respondents, or 32% of the student population shared personal thoughts and opinions related to the issues.

3. Percentages of narrative respondents by semester level were noted to be as follows: Nursing 1: 25.5%; Nursing 2: 8.5%; Nursing 3: 54.9%; and Nursing 4: 36%.

4. It appeared that all of the students that opted to respond in the narrative comment section of the survey were able to present clearly formulated ideas, concerns and opinions related to the issue of potential clinical exposure to the AIDS/HIV virus.

5. Several students seemed frightened, angry, misinformed and/or unclear on the issues.

6. Some students appeared to be in need of further enlightenment regarding factual information about AIDS/HIV transmission.

7. It appeared that some students were unable to transfer scientific theory regarding principles of asepsis to the clinical setting, thereby stating that insufficient information is provided by the nursing program to ensure student safety in the clinical setting.

8. Several students saw the AIDS epidemic as an opportunity for positive nursing input, rather than a detrimental clinical experience.

9. A large number of respondents espoused traditional nursing values which serve the profession well and continue to ameliorate the status of nurses and their future AIDS/HIV-positive clients as well.

10. It was noted that as students progressed in the program, their comments seemed increasingly perceptive, comprehensive and sophisticated.

11. Some students felt that since AIDS is a relatively new disease, that data known today about its transmission could be incomplete and/or inaccurate. Although they indicated a willingness to work with AIDS/HIV-positive clients now, they fear that future scientific discoveries may reveal that they had placed themselves at risk for contracting the illness.

12. Anger was noted related to the legal issue of client confidentiality in California, with several students citing the issue of the health care worker's rights to know of a client's HIV-positive status.

13. Some students acknowledged irrational fears, intellectually recognizing minimal risks, yet emotionally being unable to resolve the issues.

14. Students seemed clear on health issues for nurses that should preclude assignment to AIDS/HIV-positive patients.

15. Family issues related to fear of transmission of the virus were mentioned several times.

16. A large percentage of respondents stated adamantly that they would not refuse to work with AIDS/HIV-positive patients.

17. Most students appeared to have internalized essential AIDS-related professional nursing values, including empathy and compassion for the plight of the victims.

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Faculty Process

Both narrative and tabulated results from the Survey Instrument (Appendix A) were presented by the researcher to the twelve nursing faculty members at a regularly scheduled meeting that lasted approximately two hours, at the close of the fall, 1990 semester. Survey results were actively reviewed and discussed in light of their implications for the nursing program. The need for faculty to follow established guidelines and policies for student assignment to and refusal of AIDS/HIV-seropositive clinical assignments was reinforced. It was determined by faculty, through group consensus and review of tabulated data, that no new and radically different attitudinal problems were emergent and/or identified in the student population that necessitated immediate alteration in routine methods utilized for the selection of clinical assignments.

Topics addressed and themes that emerged during the faculty meeting discussion included the following:

1. The majority of individuals (eight) felt that due to the significance of the AIDS/HIV issue, consideration should be given to increasing the numbers of lecture hours devoted to the topic in each semester. Opponents to this idea (four) felt that the topic of AIDS should be given no further recognition, since there are multiple communicable diseases in nursing that need to be addressed by didactic theory. These individuals felt that with proper knowledge and application of essential aseptic technique theory, the exact nature of the client's illness should not require further special consideration.

2. Five individuals voted to consider the development of an elective AIDS/HIV seminar, to be made available to interested students on a periodic basis. The seven opponents to this concept expressed concern that not all students could be held accountable for this learning experience. This group of opponents felt that the AIDS content should be appropriately integrated throughout the four semesters, in accordance with the conceptual framework of the nursing program, and that didactic content should not be singled out.

3. The tenth survey item was seen as particularly significant by faculty, since approximately half of the nursing students indicated that they felt that the AIDS/HIV issue had raised concerns for them that need to be further addressed. Methodologies for identifying these "concerns" were addressed, such as the use of additional surveys, consideration of class meetings and etcetera.

It was agreed by a ten to two vote of nursing faculty, that the survey findings and issues raised about AIDS/HIV exposure be referred to the Nursing Curriculum Committee for further exploration, discussion and action to be taken on faculty suggestions and issues raised by the HIV survey. It was decided that the Nursing Curriculum Committee would be the appropriate decision-making vehicle to explore the topic, ensuring that AIDS/HIV theoretical content would be reviewed to ensure appropriate leveling and integration of concepts, as well as sufficient numbers of hours of didactic theory, throughout the four semester associate degree nursing program. Final committee recommendations will be forwarded to the Dean of Allied Health for implementation.

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Discussion

This study resulted in the generation of empirical data regarding willingness of nursing students to be exposed to the AIDS/HIV virus in the hospital setting. Survey results provided nursing faculty and administrators with quantifiable data concerning whether or not a potentially explosive AIDS-related situation was brewing within the student population. Student feedback, perceptions and opinions related to survey items provided faculty with opportunities to examine curriculum, and to review didactic content and presentation by semester level, to ensure maximum learning.

This unprecedented survey at Riverside Community College provided a formal opportunity for nursing students to share beliefs, concerns and opinions about a highly threatening and sensitive topic. Similarly, educators were provided with an informal glimpse at the effectiveness of affective professional values that have been internalized and instilled in the ethical health care arena. Participation in the project appeared to cause a heightened awareness about nurse's rights in the clinical setting. Additionally, it appeared to have increased anxiety levels for students that had previously not given the issues much consideration.

Conclusions

Survey results were noted to be largely consistent with observations noted in national literature review. Major issues that emerged are summarized as follows:

1. The existence of fear and anxiety about AIDS contagion and exposure for nursing students and family appeared to be predominant themes that were integrated into all other survey responses. This information was consistent with observations by Carwein: 1988; Ungvarski: 1988; Kadzielski: 1989; Sargent: 1989; Creighton: 1986; Flaskerud: 1989; Lester and Beard: 1988: and Miramontes:

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1989. It appeared that the Riverside Community College nursing students were not stigmatizing AIDS/HIV-seropositive patients. Rather, any notable reluctance to exposure seemed to be generated by fear and anxiety.

2. Significant findings also included the fact that the majority of Riverside Community College nursing students felt that they indeed should have the right to refuse clinical assignments to AIDS/HIV-seropositive patients. It had been noted that approximately sixty-five percent of students had agreed to this concept without specifications, while eighty percent had agreed to it under "certain circumstances". This result is consistent with Wiley, Heath and Acklin (1988) and other researchers, in which fifty percent of nursing students felt that they should be able to refuse an AIDS/HIV-seropositive assignment.

3. It is interesting to note that while the majority of Riverside Community College nursing students felt that personal choice in assignment selection is essential, they also adamantly stated that they would not refuse to work with an AIDS/HIV-positive patient. Additionally, most of the students indicated that this clinical exposure would be considered to be a positive experience.

Implications

It is hoped that analysis of survey findings will continue to be beneficial to nursing students, faculty and administration at Riverside Community College. It is clearly apparent that the Human ImmunoDeficiency Virus is forcing nurse educators to examine inherent social, cultural and ethical issues related to nursing student exposure to this terminal illness in the clinical setting. As noted by Henry (1989), this epidemic will continue to have a profound effect on each individual, and on our society. Unfortunately, AIDS is a young disease, causing health educators to encounter uncharted areas in great need of analysis. Since this epidemic is unprecedented, educators are required to be comprehensive in addressing the unknown future impact on higher education and our society.

Nurse educators at Riverside Community College have been successful in AIDS curriculum review, while incorporating student opinion regarding comprehensive focus on a majority of relevant AIDS-related issues. As a result of this research project, opportunities were provided to examine significant related issues. A collaborative process was begun which allowed faculty and students to work together on the alleviation of fear, enhancement of learning, and the provision of maximum care for clients.

Recommendations

The principal product of this study was the generation of empirical data in the assessment of Riverside Community College associate degree nursing student attitudes toward exposure to AIDS/HIV-seropositive patients in the clinical setting. After reviewing related literature and survey results, the following recommendations were made:

1. That the student survey continue to be administered in the future, in order to monitor attitudes, demographic data and student population, since through attrition, these dynamic factors will continue to change and evolve over time.

2. That additional vehicles for student input and feedback be developed and utilized, to ensure comprehensive opportunities for clear understanding and resolution of AIDS-related issues.

3. That AIDS-related curriculum be highlighted and expanded in each semester of the nursing program, in light of the lethality of this unique illness.

4. That the Dean of Allied Health implement Nursing Curriculum Committee revisions and recommendations related to AIDS/HIV curriculum, beginning fall, 1991.

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APPENDIX A

SURVEY INSTRUMENT

MEMORANDUM

CURRENT DATE

MEMO

TO: NURSING STUDENTS

FROM: SUE KROSS, RN, MSN, NURSING 3 INSTRUCTOR

RE: YOUR OPINIONS RELATED TO AIDS/HIV EXPOSURE IN THE CLINICAL SETTING

YOUR ASSISTANCE IS REQUESTED AND WOULD BE GREATLY APPRECIATED IN COMPLETION OF THE ATTACHED 10-ITEM QUESTIONNAIRE. AS PART OF A PROJECT FOR MY DOCTORATE DEGREE, I AM EXPLORING NURSING STUDENT ATTITUDES REGARDING EXPOSURE TO AIDS/HIV DURING YOUR CLINICAL LABORATORY EXPERIENCE.

THANK YOU FOR TAKING ABOUT TEN MINUTES TO COMPLETE THIS SURVEY!

DIRECTIONS:

1. USE ONLY A #2 pencil.
2. FILL IN THE CODE NUMBER THAT IS WRITTEN ON THE BOARD IN THE APPROPRIATE SPACE ON YOUR COMPUTER ANSWER SHEET.
3. DO NOT WRITE YOUR NAME ANYWHERE. THIS IS ANONYMOUS AND YOUR HONEST AND CANDID OPINIONS AND FEELINGS ARE REQUESTED. YOU WILL NOT BE IDENTIFIED IN ANY WAY.
4. MARK THE QUESTIONNAIRE IN THE APPROPRIATE SPACE FOR EACH OF THE TEN ITEMS. (PLACE AN X IN THE COLUMN YOU SELECT).
5. ALSO MARK THE CORRESPONDING LETTER ON YOUR COMPUTER ANSWER SHEET FOR EACH ITEM. (a, b, c, or d—see attached)
6. PLEASE SHARE YOUR THOUGHTS AND FEELINGS IN THE COMMENTS SECTION AT THE BOTTOM OF THE QUESTIONNAIRE.

THANK YOU VERY MUCH FOR YOUR ASSISTANCE!

STUDENT SURVEY

DIRECTIONS: Please mark an "X" in the column that best describes your feelings about the following statements. SA=Strongly Agree; A=Agree, D=Disagree; SD=Strongly Disagree.

After you have marked the items as above, please also use your computer form to darken the appropriate circle which corresponds with your answer. If you Strongly Agree mark a. If you Agree mark b. If you Disagree, mark c. If you Strongly Disagree mark d.

See the code below.

		a SA	b A	c D	d SD
1.	As a student, I would find it a satisfying and rewarding experience to give direct nursing care to an AIDS or HIV-positive patient.	___	___	___	___
2.	Because I have selected nursing as my chosen profession, I worry about exposing my family to HIV infections.	___	___	___	___
3.	I worry about my being exposed to HIV infections as a student in the clinical setting.	___	___	___	___
4.	My nursing program provides me with sufficient information about HIV-infection control to protect myself from HIV-infection.	___	___	___	___
5.	Under certain circumstances, nursing students should be allowed to refuse assignment to AIDS and HIV-positive patients.	___	___	___	___
6.	To reduce my risk of becoming HIV-infected, my family would like me to change to a profession other than nursing.	___	___	___	___
7.	All nursing students should have the option of refusing assignment to AIDS/HIV-positive patients.	___	___	___	___
8.	If I were given the option, I would routinely refuse assignment to HIV-positive patients.	___	___	___	___
9.	The AIDS threat was a factor which influenced my decision to become a nurse.	___	___	___	___
10.	I have concerns about being assigned to AIDS/ HIV-positive patients that need to be addressed.	___	___	___	___

COMMENTS:

APPENDIX B

RAW SCORES BY SEMESTER LEVEL

AND BY COMPOSITE

Survey Instrument Results

Raw Scores

Nursing 1

ITEM NUMBER	SA	A	D	SD	n=
1	7	20	10	10	47
2	14	12	18	3	47
3	11	18	13	5	47
4	5	26	12	4	47
5	23	20	4	0	47
6	2	2	18	25	47
7	22	13	10	2	47
8	8	5	19	15	47
9	0	5	22	20	47
10	11	15	12	9	47

Survey Instrument Results

Raw Scores

Nursing 2

ITEM NUMBER	SA	A	D	SD	n=
1	7	17	13	10	47
2	15	12	16	4	47
3	13	19	11	4	47
4	15	20	9	3	47
5	14	13	13	7	47
6	3	2	21	21	47
7	10	12	13	12	47
8	6	7	19	15	47
9	1	4	18	24	47
10	8	12	19	8	47

Survey Instrument Results

Raw Scores

Nursing 3

ITEM NUMBER	SA	A	D	SD	n=
1	7	22	17	5	51
2	15	21	11	4	51
3	11	28	9	3	51
4	14	21	10	6	51
5	19	25	7	0	51
6	2	3	20	26	51
7	13	20	15	3	51
8	5	9	23	14	51
9	1	1	22	27	51
10	7	23	12	9	51

Survey Instrument Results

Raw Scores

Nursing 4

ITEM NUMBER	SA	A	D	SD	N=
1	11	20	6	13	50
2	12	21	13	4	50
3	10	25	7	8	50
4	17	26	6	1	50
5	19	23	4	4	50
6	2	3	19	26	50
7	14	22	9	5	50
8	3	6	25	16	50
9	0	1	21	28	50
10	6	15	14	12	47

Survey Instrument Results
Composite Raw Scores
Nursing 1 - 4

ITEM NUMBER	SA	A	D	SD	n=
1	32	79	46	38	195
2	56	66	58	15	195
3	45	90	40	20	195
4	51	93	37	14	195
5	75	81	28	11	195
6	9	10	78	98	195
7	59	67	47	22	195
8	22	27	86	59	195
9	3	10	83	97	193
10	32	66	58	39	195

APPENDIX C

PERCENTAGES OF AGREEMENT AND DISAGREEMENT BY SEMESTER LEVEL AND COMPOSITE

Percentages of Agreement and Disagreement
Nursing 1

ITEM NUMBER	AGREE	%	DISAGREE	%
1	27	57.4	20	42.5
2	26	55.3	21	44.7
3	29	61.7	18	38.2
4	31	66.0	16	34.0
5	43	91.5	4	8.5
6	4	8.5	43	91.5
7	35	74.5	12	25.5
8	13	28.0	34	72.0
9	5	10.6	42	89.4
10	26	55.3	21	44.7

Percentages of Agreement and Disagreement

Nursing 2

ITEM NUMBER	AGREE	%	DISAGREE	%
1	24	51.0	23	49.0
2	27	57.4	20	42.6
3	32	68.0	15	32.0
4	35	74.5	12	25.5
5	27	57.4	20	42.6
6	5	10.6	42	89.4
7	22	47.0	25	53.0
8	13	28.0	34	72.0
9	5	10.6	42	89.4
10	20	42.6	27	57.4

Percentages of Agreement and Disagreement

Nursing 3

ITEM NUMBER	AGREE	%	DISAGREE	%
1	29	56.8	22	43.2
2	36	70.6	15	29.4
3	39	76.5	12	23.5
4	35	68.6	16	31.4
5	44	86.3	7	13.7
6	5	9.8	46	90.2
7	33	64.7	18	35.3
8	14	27.5	37	72.5
9	2	3.9	49	96.1
10	30	58.8	21	41.2

Percentages of Agreement and Disagreement
Nursing 4

ITEM NUMBER	AGREE	%	DISAGREE	%
1	31	62.0	19	38.0
2	33	66.0	17	34.0
3	35	70.0	15	30.0
4	43	86.0	7	14.0
5	42	84.0	8	16.0
6	5	10.0	45	90.0
7	36	72.0	14	28.0
8	9	18.0	41	82.0
9	1	2.0	49	98.0
10	21	44.7	26	55.3

Composite Percentages of Agreement
and Disagreement

ITEM NUMBER	AGREE	%	DISAGREE	%
1	111	56.9	84	43.0
2	122	62.6	73	37.4
3	135	69.2	60	30.8
4	144	73.8	51	26.2
5	156	80.0	39	20.0
6	19	10.0	176	90.0
7	126	64.6	69	35.4
8	49	25.2	145	74.4
9	12	6.3	180	93.7
10	97	50.5	95	49.5

APPENDIX D

STUDENT NARRATIVE RESPONSES BY SEMESTER LEVEL

NARRATIVE RESPONSES

NURSING ONE

(n=47)

1. I don't want to work with them because of the uncertainty and constantly changing medical data. Also, students are more nervous and more likely to make dangerous mistakes than other more experienced nurses.

2. Nurses should have special training for AIDS patients.

3. Would be a great learning experience.

4. When I chose to become a nurse I knew there would always be a risk for coming in contact with a communicable disease. It was not a factor that would change my mind.

5. I feel as a student we should have the right to make our own decision as to whether or not we care for the AIDS patient, the reason being it is our life and health at risk of being infected.

6. I feel that this program should address the AIDS issue in the first semester.

7. When I chose the nursing profession I realized I would be helping people with all types of medical-social problems. AIDS patients are people also.

8. Students should be given a choice of refusing since their attitude could interfere with the care they give, and for the mistakes they could make. In reality though, they should know better than to let attitudes affect care and be careful enough anyway.

9. Being assigned and not knowing they're HIV-positive.

10. I am not overly concerned with contracting AIDS. I feel that they need care and understanding as much as (or more) than anyone else.

11. A nurse needs to be confident enough in her knowledge and skills that working with AIDS patients unless under unusual circumstances should not be a threat.

12. I believe if we educate ourselves and take the necessary precautions we are safe in caring for AIDS patients. And who needs it more? AIDS patients need us to be compassionate and not frightened. If everyone chooses not to care for HIV or AIDS patients it would be a sad commentary on nursing.

NARRATIVE RESPONSES

NURSING TWO

(n=47)

1. As students, I strongly feel we should have the option to be assigned to an HIV/AIDS patient since we are still learning. However I feel that the ADN program should include within our theory and skills lab classes a section which can go in depth regarding the care of an HIV/AIDS patient.

2. I do have concerns regarding AIDS. I feel that when questions are asked, the response is one of indignity.

3. Most instructors act absolutely indignant when questions are posed about concerns regarding the care of HIV/AIDS patients. (Like--we shouldn't ask because as nurses we should openly embrace any patient with any diseases with no reservation.

4. I understand how to prevent transmission. The AIDS threat was a factor which influenced my decision to become a nurse in a positive way. In regards to questions # 5 & 7, I have an extremely difficult time with nurses that selectively refuse certain diagnoses. This is usually because they are uneducated and don't understand barriers of transmission. However-- How good a care can someone give if they are afraid of their patients.

NARRATIVE RESPONSES

NURSING THREE

(n=51)

1. Under certain circumstances, nursing students should be allowed to refuse assignment to AIDS and HIV-positive patients. If patient has complicated procedure and contact is extensive and they're not sure of their capabilities should be able to refuse on grounds of danger to self. All nursing students should have the option of refusing assignment to AIDS/HIV-positive patients if their care they feel not knowledgeable enough to ensure safe care. The AIDS threat was a factor which influenced my decision to become a nurse, only if nurse was not given information which patients have AIDS. All staff should know who has negative or positive test results. I think if patient is patient in hospital possibly thought to having the AIDS virus or is HIV+ it should definitely be told to staff who may come in contact with him, not kept for just the MD to know!

2. Caring for HIV patient is not a problem: the information given students are: We strongly need more accurate information. The HIV patient needs care and sometime more so, especially hospice. Hope we can have more empathy.

3. My first client this semester was an AIDS client. I wanted to refuse to care for him, however; I was not given the choice. I went home and read all I could get my hands on and felt much better about giving him care the next day. However, I feel that being unsure of all procedures at this point I would have felt much better having personal pep talk and review of hospital isolation procedures.

4. Not enough information given to us regarding AIDS/HIV.

5. I would be afraid to work with one just in case. If a girl who went to a dentist was HIV-positive got AIDS, I'm afraid that it could just as easily happen to me. I don't choose to die a slow and painful death for trying to help another people.

6. I feel as long as a nurse uses good precautions she shouldn't worry about getting HIV infected. I feel as nurses we have an advantage because we know what the diagnosis is. There are people in the streets that have AIDS and may be infecting others.

7. While I would routinely choose not to provide care for an AIDS patient, I don't feel as student we should be given the choice. If we were, too many of us might refuse. Also, I feel we shouldn't or won't have a choice when we go to work as nurses. It will be easier on us then if we are exposed to it now. As the AIDS population grows, it is something all of us will have to deal with.

NURSING THREE CONTINUED

8. With #5--as when pregnant or when student's health is already compromised only. I strongly feel that no one should be a nurse if they are going to refuse to care for someone who is ill.

9. I don't see the staff working with HIV patients taking good precautions. Changing linen without gloves, etc. Because of their carelessness, could they be carrying the virus (and other diseases) to other patients?

10. I've only worked with AIDS patients once. I did think it would affect me. But I became paranoid and no longer will work, unless I'm more informed.

11. I consider it too dangerous as a student, to be working with HIV-infected people. Also, I feel that nurses have a right to know who is HIV-positive; perhaps hospitals should have special "HIV-trained" personnel to work with such patients.

12. Hospital staff should have the right to know if a patient has AIDS.

13. As a student, I would find it a satisfying and rewarding experience to give direct nursing care to an AIDS or HIV-positive patient, but I would be extremely nervous and careful. Under certain circumstances nursing students should be allowed to refuse assignment to AIDS and HIV-positive patients. Yes, I believe that they should be allowed to refuse since we are students. But not if I'm already an RN. I would be extremely careful. I would be nervous giving a shot. I have concerns about being assigned to AIDS/HIV-positive patients that need to be addressed. Yes, but I would not refuse caring for one unless other circumstances ie. pregnant.

14. I feel any disease is a risk--including hepatitis, MRSA + AIDS. I also feel that the training I have received in the program covers for all cases. Any infection on my part would probably be due to carelessness and no patient should be denied treatment due to his disease.

15. I am aware of the ways in which AIDS/HIV can be transmitted and how to protect myself. However, I can't help but worry that I may get it in some as yet unidentified means of transmission. I would not refuse to care for a HIV+/AIDS patients, and would be caring and accepting of them, but it would be worrisome to me.

16. I am very willing to work with an AIDS patient, however, it's difficult with so many different theories going around about how it's transmitted, etc.

17. I have found caring for AIDS/HIV-positive patients very rewarding and with proper education and equipment I have very few concerns about any personal exposure.

NURSING THREE CONTINUED

18. This is a worry my family has and I would want to know if someone was HIV-positive and if I would have a choice of having him as a patient.

19. I would really hate to take care of an angry, combative AIDS patient. I think AIDS really scares me. Until I get my proper techniques down (Asepsis, etc.) I would not like to care for an AIDS patient at all.

20. I have concerns about working with HIV patients, but I don't think I would refuse to care for them.

21. I feel that exposure of AIDS/HIV has been present in the nursing profession for many years without our knowledge, only since it became an epidemic has society been made aware of its existence.

22. I would like to learn more about AIDS before providing care for an AIDS client. Right now I'm somewhat afraid and would want to be gowned, gloved and masked, even though I know this is not necessary.

23. I, as a student, am not overly concerned about contracting AIDS. I have been taught precautions and I use them with all patients. I do have a question concerning how easily it is contracted if you did accidently stab yourself with a needle from an AIDS patient.

24. Although I am aware of the measures to prevent infection with HIV virus, I am still concerned with becoming infected with the disease. (I feel this is a "healthy" fear!)

25. I think it is scary to work with patient with HIV even though I know I shouldn't be, but I feel you should treat every patient as if they have HIV because not everyone knows they have it.

26. I would consider it an honor and a privilege to work with AIDS patients. I intend to do so at some time in my career. Part of my reason for going into nursing was to provide concrete help to loved ones infected with HIV.

27. I don't think we were given enough information on AIDS/HIV to be confident enough to take care of them.

28. If I were to get AIDS from a patient my life would be ruined. What if I had a wife and children. I would be forced to be separated from them. There is no cure to this virus. AIDS = death. Slow and painful death and prolonged. My life in that means is precious to me and my family!

NARRATIVE RESPONSES

NURSING FOUR

(n=50)

1. On one hand I feel a nursing professional should have a right to refuse, but on the other hand I feel we're taught the risks and safety measures to use therefore as a "nurse" we should have a sense of obligation to administer care to patients HIV-positive or not. I entered this profession to give patients the best care I could, regardless of the type of disease they have. (And I will!)

2. My attitude about AIDS has changed tremendously since the nursing program. I used to believe that if lifestyles were changed their chances for AIDS would be decreased. I recently didn't care for an AIDS patient because of my sore throat and he was already so sick. I have seen how lonely it can be for these AIDS patients. With adequate protection for myself I will be an excellent caretaker.

3. Routine, current update on AIDS transmission in clinical area.

4. Laws need to be changed. As it stands, nurses do not have to be informed of HIV status if patient is in hospital for other reasons. We are at risk and have the right to know who is HIV positive!

5. #3--Deep down in my mind I feel there is always a possibility therefore I worry-which keeps me using <u>good</u> <u>technique</u>. The worry is good. #5--- the "certain" circumstances would be pregnancy and those professionals who are immunocompromised themselves--ie. kidney transplant with Imuran or cyclosporine--possibly certain cancer "victims"--but <u>not</u> all personnel/staff/students should have the right to refuse giving treatments.

6. I believe that <u>all</u> HIV-positive persons should be identified in report and by some sort of "body fluid precautions" sign on door. This is a <u>deadly</u> disease and all humans are fallible and could let their guard down at the wrong time.

7. Too little is known to feel secure in caring for these patients. But I have no misgivings about caring for them.

8. As an LVN, I have enjoyed nursing for a long time. However, I will choose a field as an RN that will definitely--although possibly--not directly deal with AIDS victims. Although my heart goes out to them, I do not want to care for them, nor should my life or my family's lives be threatened because I take care of them.

NURSING FOUR CONTINUED

9. I feel that a client with HIV or any other disease needs and has the right to be cared for without prejudice. We choose to be nurses and that involves taking care of the ill, well AIDS patients are under that as well!

10. Even though the HIV infections have been proven to only be spread by blood contact, I feel this disease is new and still alot is unknown about it. In the hospital we work with body fluids all the time. I am just very careful when doing this, but I'm still skeptical.

11. If someone is HIV-positive, please let the nurse know. She has a right to protect herself.

12. #1: I treat all patients the same (or try to anyways). I get my rewards from a "Thank you"; if it's from a sore toe to a chemo patient. #3: I take time to take C.D.C. guidelines. #4: I don't feel that importance was placed on C.D.C. guidelines in the work place. Approximately one hour lecture is not enough, especially with all the myths out there about AIDS.

13. I do have concerns about protecting myself and my family from HIV infections, and I think the nursing program should take a more active stand, including in its curriculum a section of lecture time devoted to AIDS--its transmission, spread, etc. (The few minutes given to it in Nursing 3 were not enough). While I do have these concerns, especially for my family, I do think it would be rewarding to work with AIDS patients. I see them as patients who have very special needs, and am angered at the blatant rejection of them in our society. For this reason, I would like to work with AIDS patients, and I would also like to be able to do it for quite some time (ie. by protecting myself adequately).

14. I have been adequately trained to care for HIV-positive clients with knowledge base available <u>now</u>. Hopefully it is sufficient. My family, even with education, are concerned, due to publicity and increases in reported cases. They feel not everything is known and are concerned about my health. I take precautions and feel comfortable with HIV-positive patients.

15. I do worry about being exposed to the HIV virus, but take time to protect myself with every patient I care for in order to prevent compromising myself to it because every patient is a potential case. You never know if they have it because the test hasn't come back sometimes or they may just be a carrier or be laying dormant somewhere and just come to life. A nurse can't in the moral sense say, "No, I won't care for a HIV patient"because it is spreading everywhere and the care of an individual person takes precedence over your own personal preferences.

NURSING FOUR CONTINUED

16. I have contracted hepatitis two times in the hospital setting. There are many forms so I may still get it again. I worked as an aide and a lab tech at these times.

17. There are many diseases that nurses are exposed to in the clinical setting which can be dangerous if precautions are not carried out. HIV transmission is a relatively low risk if a nurse has knowledge of AIDS patients or possible AIDS patients, and has the equipment to protect him/her self. I think students who cannot give good nursing care to an AIDS patient should not be forced to take care of them, as this would only cause resentment.

18. Nursing students should be required to be HIV tested, before entrance into the nursing program, just as proof of t.b. status is required. To question # 5-- If pregnant. Question # 10: As a nursing student I haven't been assigned to any AIDS infected patients per medical diagnosis given. As an LVN working with several AIDS patients on the AIDS floor I have concerns about being assigned to all patients. I practice blood/body precautions as best as I can despite some emergency situations that have happened. I feel that the AIDS crisis is downplayed and that the C.D.C. is giving out less than accurate information. Question #4: If the C.D.C. doesn't have all the answers, how can one expect the nursing program to provide sufficient information. Question #7: I somewhat agree, because I've seen poor care given due to attitudes.